

State of Rhode Island Rewards for Wellness Program

Physician Blood Pressure Screening Form



Eligible employees* will qualify for the \$50 blood pressure screening credit by having a blood pressure reading **less than** 140/90 at a State of RI health fair, or by having their blood pressure screened by their physician anytime from September 1, 2015 through January 31, 2016, and submitting this form. Employees should obtain the completed forms from their physician's office and submit it to UnitedHealthcare as instructed at the bottom of this form.

Please note: If you received a screening at an on-site health fair with a blood pressure reading **less than** 140/90, you do **not** need to submit this form to earn your credit.

*All State of RI employees are eligible to participate in Rewards for Wellness Activities, but only employees who are paying State employee medical co-shares posted at www.employeebenefits.ri.gov are eligible to receive incentives for co-share credit.

Employee Information (to be completed by employee)

Name (please print): _____

Contact Phone Number: _____

UHC Subscriber/Member ID (on UHC card) OR SSN: _____

Date of Birth: _____

Physician Blood Pressure Screening (must be completed and signed by a physician)

Date: _____ **Systolic** _____ **Diastolic** _____

I certify that the patient named above has received a blood pressure screening along with any necessary counseling/treatment.

Physician's Signature: _____ **Date:** _____

Name of Physician: _____

Physician address: _____

Physician telephone: _____

In accordance with HIPAA, no personal health information will be shared with the State of Rhode Island.

Mail/fax completed form by February 1, 2016 to:

Linda McCormick
UnitedHealthcare
475 Kilvert Street
Warwick, RI 02886

Fax Number: **401-732-7211**

Please keep a copy of your fax confirmation for proof of submission.

